CTA-	ᄄ	\cap E	\cap	IEC	DRNIA

SIAIE															
		(PENSE CLAIM													
STD 262-		NAT				1 00014	LOFOLIDI	TV NUMBER	D#		Page	1 of	1	Pages	
CLAIMAN						SOCIAL SECURITY NUMBER*					DEPAR	KIMENI			
Stephe		lardy		OD #D NIII	MADED	On-File DIVISION OR BUREAU							LINDEVALUE	1050	
POSITIO				CB/ID NU	MBEK	DIVISI								INDEX NUMBER	
Directo		DDE00*				Headquarters							5000 TELEPHONE NUMBER		
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS (DISTRICT OFFIC							TELEPHONE	= NUMBER	
CITY			STATE		ZIP CODE	3927 Lennane Drive					STATE			ZIP CODE	
CITT			CA		ZIF CODE						CA			95834	
		L	I			Sacramento						CA	(0)		
(1)MONT			(4)	(5)	MEALS		(6)	(7)		TRANSPORT.	ATION		(8)	(9)	
Jun-	-09	LOCATION						(A)	(B)	(C)	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES	
(-)		WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		O.T., L/T, N/C, RELO.	INCIDEN- TALS	COST OF	TYPE	CARFARE, TOLLS, PARKING		 		FOR DAY	
DATE	TIME	Sacto CA to Nashville		FAST	LUNCH	OR DINNER		TRANS.	USED		MILES	AMOUNT			
06/13	0600		231.85		10.00	18.00								259.85	
06/14			231.85	6.00	10.00	18.00	6.00							271.85	
06/15			231.85			18.00	6.00							255.85	
06/16			231.85				6.00							237.85	
06/17			231.85		10.00	18.00	6.00							265.85	
06/18	1800	Nashville IN return Sacto CA		6.00	10.00			20.00		90.00				126.00	
(10)	SUB	TOTALS	1,159.25	12.00	40.00	72.00	24.00	20.00		90.00				1,417.25	
CLAIM TOTAL										\$1,4°	17.25				
(11) PUR	POSE O	F TRIP, REMARKS AND DI	ETAILS	(Attach rece	eipts/vouchers	when require	ed)								
June 13	3-18, 2	2009 attended the N	CSLA 20	09 Annua	al Confere	ence									

(12) NORMAL WORK HOURS	INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
0800-1700											
(13) PRIVATE VEHICLE LICENSE No.											
(14) MILEAGE RATE CLAIMED											
0.505											
AGENCY ACCOUNTING											
OFFICE USE ONLY											
PAID BY REV. FUND CHECK No.											
	TOTALS					TOTALS					

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
>		>	
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENS	DATE		
>			